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**FAX COVER PAGE**

**TO:** U.S. Patent and Trademark Office

**TELEFAX #:** (703) 872-9306

**ATTENTION:** Examiner Filipczyk

**DATE:** April 18, 2005

**TIME:** 4:15 p.m.

**NUMBER OF PAGES:** 17 total page(s) (including this cover)

**FROM:** Rochelle Lieberman, Esq.

**RE:** Application Serial No.: 09/960,118

**DESCRIPTION:** Response to Second Office Action

**COMMENT:**

<b>Voice Confirmation Required:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Original to Follow by Mail/Courier:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

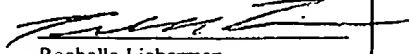
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Rochelle Lieberman

**PATENT****Atty. Docket No.: BEA9-2001-0027-US1****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re application of: Pearson****SERIAL NO.: 09/960,118****Group Art Unit: 2171****FILING DATE: September 21, 2001****Examiner: Filipczyk, M.****FOR: Replacement Selection With  
Duplicate Key Handling****AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is an amendment in the above-identified patent application.

☐ \_\_\_ verified statement(s) claiming small entity status

☐ are also enclosed ☐ was submitted previously.

☐ A Petition for Extension of Time is also enclosed.

☐ An Associate Power of Attorney is also enclosed.

☒ No additional fee is required.

☐ An additional fee is required, and is calculated as shown below:

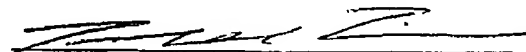
FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	14	MINUS 14 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$86 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Months					N/A
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0</b>

☐ A Credit Card Payment Form in the amount of \$\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No.

Respectfully submitted,

By:



Rochelle Lieberman  
Registration No. 39,276  
Attorney for Applicant

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Duplicate Key Handling****RESPONSE TO OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated January 18, 2005, Applicant respectfully requests reconsideration of the outstanding rejection(s) of the claims in view of the amendment to the claims and remarks that follow.